

Bill for Reimbursement of Conveyance (Local) & Other Expenses [IN and AROUND KOLKATA - LOCAL]

1.	Name	of	Em	ploy	ee:
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- 3. Designation:
- 4. Department:
- 5. Purpose of Journey:
- 6. Approval Competent Authority (from whom):

A. Co	A. Conveyance (Local):						
Sl. No.	Date	From	То	KM (Approx)	Mode of Transport	Amount (Rs.)	Bills attached Y/N
1							
2							
3							
4							
5							
	TOTAL (A)						

B. Re	B. Refreshment / Out of pocket expenses (Applicable mainly for office Guest only)					
Sl. No.	Date	Place	Particulars	Amount (Rs.)	Bills attached Y/N	Remarks
1						
2						
3						
4						
5						
'	TOTAL (B)					



C. Mi	C. Miscellaneous Expenses:					
Sl. No.	Place	Particulars	Amount (Rs.)	Bills attached Y/N	Remarks	
1						
2						
3						
4						
5						
	TOTAL (C)					

Grand Total:

Sl. No.	Total Expenditure	Amount (Rs.)
1	Conveyance (Local) (A)	
2	Refreshment (B)	
3	Miscellaneous Expenses (C)	
	Grand Total	

Total Expenditure	:				
Advance Received	:				
Amount Receivable/Re	fundable:				
N.B.: The excess amoun	nt of advance after expendi	ture to be refunded to off	ice immediately.		
Submitted for reimburser	ment towards payment of Rs	s.:			
Enclo:					
Date:	ate: (Signature)				
Recommended for Rs	•••••				
Forwarded / Recommen	nded by Head of Dept.:				
	[FOR OFFICE U	SE ONLY]			
Sanctioned/Approved f	or Rs	_			
Sanctioned/Approved b	y				
	(Name)	(Designation)	(Signature)		